

I will leave it to the reader's discretion as to whether or not to include all or part of the additional 79 deaths in the "denominator."

I also would like to point out that the total number of patients involved in the study is a relatively small group as compared with other studies, and I am not sure that the differences are statistically significant. However, I would like to point out that the Seattle experience has suggested that when CPR is initiated by a trained bystander, nearly 40 percent of the patients will survive to leave the hospital alive.

In any event, it is still my contention that these criticisms do not alter the conclusions of the paper. In addition, I still feel that the paper shows that aggressive cardiopulmonary resuscitation will result in a significant number of survivors and that programs to implement effective CPR in rural areas and smaller hospitals are beneficial.

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Local Physicians, PSRO's and HSA's

TO THE EDITOR: The editorial in the April issue on Health Systems Agencies (HSA's) and local physicians was pertinent, but I don't think that it fully explained physician input in the planning process.

The editorial stated that "The omission, almost to the point of exclusion, of a significant presence of practicing physicians at each level of planning and decision making under this law seems to be a flaw which may prove serious and could even be fatal." And further, it said "Physicians have been assigned a peripheral rather than a central role."

What the editorial failed to mention was that physicians are involved all the way on Professional Standards Review Organization boards. Furthermore, by federal request we do have a memorandum of understanding with the HSA's. What does this mean?

It means that we can and will divulge nonconfidential data to HSA's to help them in their planning process. For example, data can be collected on computerized axial tomography (CAT) scanners as to their overutilization or underutilization. In addition, data can be collected as to whether our physicians thought the tests were better on the CAT scan or with use of ultrasound. Similarly,

data could be developed regarding intensive care units, coronary care units, neonatal care and emergency rooms.

The skilled nursing facility has become a problem because of the paucity of beds—primarily because of the low Medi-Cal payments. Data could be accumulated to show whether this, in turn, causes more money to be wasted on acute hospital beds.

Of interest is the fact that in our HSA-PSRO community, there is a PSRO slot on the HSA board.

For the above reasons, I think that full participation by physicians in their PSRO is the only way to balance the consumer-dominated HSA.

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A New Dimension to Medicine

TO THE EDITOR: I was pleased to read the editorial in the April issue ("Health Systems Agencies and Local Physicians") urging increased physician involvement with health systems agencies (HSA's). I have been intimately involved with the local agency in my area but have found it distressingly frustrating when it comes to alerting local physicians that it is to their advantage to be involved from the initial stages with any such project. When physician involvement is present it is usually in reaction to a proposed plan of action—a tactic that, more often than not, is late and often has little success in amending the proposal. It is like the proverbial closing of the barn door after the horse has bolted.

Lest the editorial provoke an outburst of enthusiasm, let me inject a note of caution. The work can be pure drudgery most times; there is nothing glamorous about it. As the editorial noted it can often be wearing, time consuming and frustrating. Intelligent, diligent, nonself-serving input from physicians, however, can be significant and will often be welcomed.

There is a new dimension to medicine and this involves becoming more active and acquainted with legislation affecting the future of medicine. This means a definite commitment in time and effort. This could be done individually or in conjunction with the efforts of the local county medical society.

An aggressive leadership role has to be assumed by physicians. Participation in HSA activities need